



## KENTUCKY INDIVIDUAL INCOMETAX RETURN Residents Only

2020

Department of Revenue				- 100					
Check if deceased: Spouse Tax	payer For calenda	ar year or other	taxabl	e year b	eginning		and endin	g	
A. Spouse's Social Security Number	<b>B.</b> Your Social Security N	lumber							
Name—Last, First, Middle Initial (Joint or co	mbined return, give both names and initials	s.)							
Mailing Address (Number and Street includi	ing Apartment Number or P.O. Box)								
City, Town or Post Office	State	ZIP Code							
FILING STATUS (see instructions)		Check if ap	plical	ble:	POLITICAL PARTY	FUND	)		
1 Single		I —	nded (Enclose   Designating \$2 will i						
2 Married, filing separat return. (If both had inc		applicat		χ, π	Democratic		Spouse 1)	<b>B. You</b> i (4)	rself
3 Married, filing joint ref	•				Republican		2)	(5)	ቯ
	e returns. Enter spouse's er above and full name here.				No Designation	(3	3)	(6)	
				<b>A.</b> §	Spouse (Use if Status 2 is checked.)		B.	Yourself (or Joint)	
5 Enter amount from federal For	m 1040 or 1040-SR, line 11. <b>(If tot</b>	al of		3				,,	
Columns A and B is \$34,846 or less, you may qualify for the Family Size Tax Credit. See instructions.)			5		00	5			00
6 Additions from Schedule M, lir			6		00	6			00
7 Add lines 5 and 6					00				00
			7			7			
8 Subtractions from Schedule M			8		00	8			00
9 Subtract line 8 from line 7. This	Income	9		00	9			00	
10 <b>Itemizers</b> : Enter itemized deduc	ctions from Kentucky Schedule A	۸.							
Nonitemizers: Enter \$2,650 in (	Columns A and/or B		10		00	10			00
11 Subtract line 10 from line 9. Th	is is your Taxable Income		11		00	11			00
12 <b>Tax Computation</b> : Multiply line	11 by 5% (.05) or amount from Sche	dule J 🔲	12		00	12			00
13 Enter tax from Form 4972-K	; Schedule RC-R [];								
Schedule DS-R 🔲 ; Angel Inve	estor Recapture 🔲		13		00	13			00
14 Add lines 12 and 13 and enter	total here		14		00	14			00
15 Enter amounts from Schedule	ITC, Section A, lines 25E and 25F	:	15		00	15			00
16 Subtract line 15 from line 14. If	line 15 is larger than line 14, ent	ter zero	16		00	16			00
17 Enter personal tax credit amount	s from Schedule ITC, Section B		17		00	17			00
18 Subtract line 17 from line 16. If	line 17 is larger than line 16, ent	ter zero	18		00	18			00
19 Add tax amount(s) in Columns				•	'	19			00



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	,		4		
20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1 2	3 🗌	4 🗆
21	Multiply line 19 by Family Size Tax Credit decimal amount (%) from Schedule ITC	21			00
22	Subtract line 21 from line 19	22			00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K	23			00
24	Enter Child and Dependent Care Credit from federal Form 2441, line 11 ➤x 20% (.20)	24			00
25	Enter Income Gap Tax Credit from Schedule ITC	25			00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26			00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)	27			00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28			00
29	For amended return; overpayment, if any, shown on original return	29			00
30	Add lines 28 and 29, enter here	30			00
31	a Enter Kentucky income tax withheld as shown on enclosed				
	Schedule KW-2				
	b Enter 2020 Kentucky estimated tax/extension payments				
	c Enter 2020 refundable certified rehabilitation credit				
	d For amended return; enter amount paid with original return plus				
	additional payment(s) made after it was filed				
32	Add lines 31(a) through 31(d)	32			00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b>	33			00
34	a Estimated tax penalty Check if Form 2210-K attached				
	b Interest				
	c Late payment penalty				
	d Late filing penalty				
35	Add lines 34(a) through 34(d). Enter here	35			00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.				
	This is the AMOUNT YOU OWE, continue to page 3	36			00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> ,				
	continue to page 3	37			00



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38	FU	ND CONTRIBUTIONS; see instructions.			41		
	а	Nature and Wildlife Fund	38a	0	0		
	b	Child Victims' Trust Fund	38b	0	0		
	С	Veterans' Program Trust Fund	38c	0	0		
	d	Breast Cancer Research/EducationTrust Fund	38d	0	0		
	е	Farms to Food BanksTrust Fund	38e	0	0		
	f	Local History Trust Fund	38f	0	<u>o</u>		
	g	Special Olympics Kentucky	38g	0	0		
	h	Pediatric Cancer Research Trust Fund	38h	0	0		
	i	Rape Crisis CenterTrust Fund	38i	0	0		
	j	Court Appointed Special AdvocateTrust Fund	38j	0	<u>o</u>		
	k	YMCA Youth Association Fund	38k	0	<u>o</u>		
39	Ad	d lines 38(a) through 38(k)				39	 00
40	Am	nount of line 37 to be CREDITED TO YOUR 2021 ESTIMATED TAX		CREDIT FORWARD	2] L	40	00
	(Cr	edit forwards not available for amended returns)					
41	Sul	btract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU		REFUND	] [	41	 00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return. Signature of Taxpayer Driver's License/State Issued ID No. Date Telephone Number (daytime) Sign Driver's License/State Issued ID No. Signature of Spouse Date Here Signature of Preparer Date **Paid** Name of Preparer or Firm ID Number **Preparer** Use May the DOR discuss this return with this preparer? Email Telephone No. ☐ No ☐ Yes Refund Include a complete copy of federal Form 1040, if you **Kentucky Department of Revenue** received farm, business, or rental income or loss. If not **Enclose** or No Frankfort, KY 40618-0006 required, check here. **Payment** Check Payable: Kentucky State Treasurer **Kentucky Department of Revenue** With **Payment** E-Pay Options: www.revenue.ky.gov Frankfort, KY 40619-0008 **Payment** Include: Your Social Security number and "KY Income Tax – 2020"